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## LETTER TO THE EDITOR

### The story behind the name: From the Mayor's scarf to the "Mayo clinic" or the strange semantic journey of a flexible immobilization device

#### KEYWORDS

Shoulder;  
Elbow;  
Sling and swathe;  
Clavicle;  
Immobilisation

Each language, and more specifically each profession, has its acronyms, abbreviations and eponyms – and the medical community is no exception. While enabling a certain fluency of expression, they are also subject to oral drift which, once carried over into the written language, tends to become irreversible. In the French-speaking health-care community, the term "Mayo Clinic", or simply "Mayo" immediately suggests the arm-to-the-body type of immobilization by means of a stocking (Fig. 1). The term would

seem to date back no more than three decades, but is such a popular trend that no ambulance worker, emergency staff member or osteo-articular specialty care-person could be forgiven for not knowing today what a "Mayo" is. The origin of this method of immobilization (conventionally called in the U.S. Velpeau bandage of stockinette) might at first view, in Europe, be attributed to the famous American medical institution of the same name. In fact, however, this type of arm-to-the-body contention was invented by Mathias Mayor (1775–1847), a surgeon based in Lausanne, Switzerland.

Isolated or supplementing a rigid immobilization apparatus, the flexible orthosis known in French as the "Mayo Clinic" may be prescribed for various upper-limb lesions: shoulder dislocation, humerus fracture and especially clavicular fracture.

Immobilization is obtained using a tubular stockinette within which the upper-limb is held forward, with the elbow in flexion against the chest. Made to measure, the stocking can be maintained for any length of time from a few hours to several days, with excellent tolerance and at an attractively low cost. It is a very widespread means of immobilization, very widely used in French and French-speaking health-care institutions.

From Hippocrates' simple sling tied over the healthy shoulder to the complex bandages developed by Desault, Dujarier and Velpeau, not to mention a variety of figure-of-eight clavicular rings, effective immobilization in clavicle fracture remains difficult and unsatisfactory.

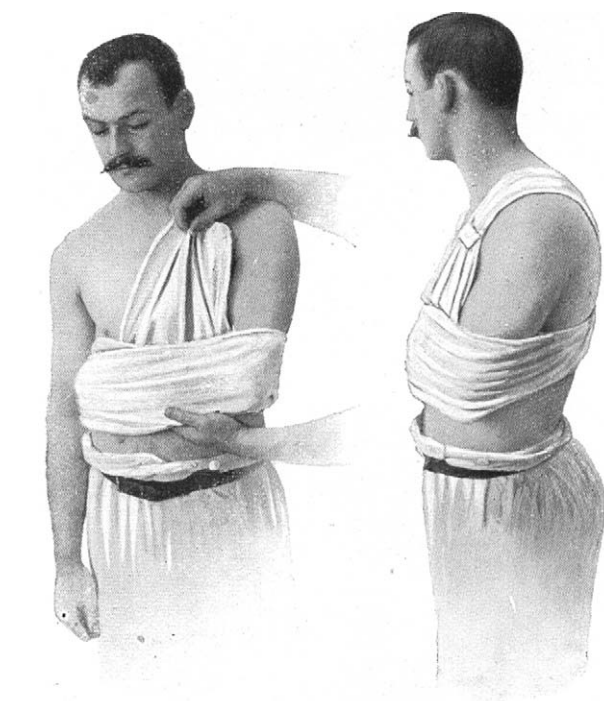
It is Mathias Mayor who can be credited with the concept of simple arm-to-the-body immobilization.

This Lausanne surgeon recommended immobilizing clavicle fractures in a sling which he referred to as a cervicobrachial triangle with circular thoracic belt (Fig. 2). In 1833, in a public demonstration of the device to the Paris Academy of Medicine, he stated that "The indications to be fulfilled in case of clavicular fracture can all be summed up in one phrase: *the position of the elbow – that is to say, medial humeral condyle fixation to a given point on the thorax*" [1,2].

While subsequently replacing the sling by a stocking, the flexible arm-to-the-body orthosis nowadays known as the "Mayo" or "Mayo Clinic" faithfully preserves the principle of the simple, do-it-yourself and tailor-made features of the Mayor's scarf.



**Figure 1** Flexible arm-to-the-body stocking orthosis.



**Figure 2** Mayor's original scarf, as drawn by Lejars [6].

The conceptual similarity between arm-to-the-body immobilization in a tubular stocking and the Mayor's scarf suggests a fairly recent semantic shift in the French-language medical literature.

There are no medical references earlier than 1980 to any "Mayo" or "Mayo Clinic" orthosis in the management of clavicle fracture or upper-limb immobilization.

Only in 1986 did Bensahel recommend what he called the "Mayo Clinic" for immobilization of traumatized elbows [3]. In 1981, in the same indication, Pouliquen had recommended the "Mayor's scarf" [4] but, by the time of a further publication in 2002, this had become known as the "Mayo scarf" [5].

It seems highly likely that the reputation for shoulder pathology of the famous Mayo Clinic, in Rochester, Minnesota, and the homophony between "Mayor" and "Mayo" partly account for this strange semantic drift and the appearance in the French-language literature of such terms as "Mayo scarf", "Mayo bandage", "Mayo immobilization" and even "Mayo Clinic" to refer to arm-to-the-body immobilization. Paradoxically, in the Mayo Clinic itself, as in American health-care institutions as a whole, it is a mass-produced flexible orthosis known as "sling and swathe" (Fig. 3) that is used for arm-to-the-body immobilization. "Mayo Clinic" orthoses are not known as such and the term is only very exceptionally encountered in the English-language medical literature.

Whatever the reputation of the Mayo Clinic, we contend that there is no justification for the French-speaking medical community's adoption of this semantic mutation for a type of immobilization that was handed down to us by Mathias Mayor.

Without going so far as to seek to revive the original name of "cervicobrachial triangle with circular thoracic belt", we



**Figure 3** The flexible "sling and swathe" immobilizer.

suggest that it should henceforth be referred to as "Mayor's stocking immobilization".

It is not too late to recognize and correct this semantic mistake and faithfully to render unto Mayor that which is Mayor's.

## Conflict of interest statement

None.

## References

- [1] Mayor M. Nouveau système de déligation chirurgicale, Vol. I, 2nd ed. Paris: Cherbulier A and Baillière G; 1837.
- [2] Mayor M. Bandages et appareils à pansements ou nouveau système de déligation. 3e ed. Paris: Baillière Germer, Libraire-Éditeur; 1838.
- [3] Bensahel H. Traumatologie – généralités. In: Abrégés. Thérapeutiques en orthopédie pédiatrique. Paris: Masson; 1986. p. 1.
- [4] Pouliquen JC, Beneux J, Penneçot G-F. Traumatismes ostéo-articulaires. In: La consultation en orthopédie pédiatrique. Paris: MEDSI; 1981. p. 159.
- [5] Pouliquen JC, Glorion C, Langlais J, et al. Généralités sur les fractures de l'enfant. Appareil locomoteur. Encycl Med Chir (Éditions scientifiques et médicales, Elsevier, Paris) 2002. 14-031-B-10. p. 15.
- [6] Lejars F. Fractures de la clavicule. Traité de chirurgie d'urgence, Vol. II. Paris: Masson; 1925. p. 869 [1110 p.].

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